

Claim form

This form must be completed by the claimant.

Please make sure you complete all questions and send all documents to us. If anything is missing, it may delay your claim.

Please send all required information to:

Freepost CUSTOMER CARE PROMIS LIFE

Policy details

Policy number: _____

Name of Life insured _____

Your details

Title _____

First name _____

Last name _____

Address _____

Date of birth _____

Place of birth _____

Nationality _____

Mobile number _____

Email address _____

Confirming your identity

We need to confirm your identity before we can make any payment. Please review the three options below:

Do you have an in-date current passport? Y [] N []

If yes, please send a copy of the photo page which gives the personal details. (see below for example). **Please do not send the original**



Do you have an in-date photocard driving licence? Y [] N []

If yes, please send a copy of the licence. (see below for example). **Please do not send the original**



I do not have an in date passport or photocard driving licence []

Medical Details

a) What condition are you claiming for? Please give the exact diagnosis if you know it.

b) What symptoms did you go to your doctor with and how long had you had those symptoms?

c) On what date did you first attend any doctor for this condition? ____/____/____

d) On what date was this condition diagnosed? ____/____/____

e) Who made the diagnosis? _____

f) Please state the name of the specialist looking after you:

g) What investigations have you had regarding your condition?

h) Have you previously suffered from this condition or a similar condition or suffered from similar symptoms before? Yes [] No []

If yes, please provide details

i) Is there any family history of this condition? Yes [] No []

If yes, please provide details to include family member affected and age at diagnosis.

Please provide copies of any relevant medical reports – this may help us assessing your claim. We do not need sight of appointment letters.

Details of your usual GP

Name:

Address:

Phone:

Name and address of the specialist looking after you

Name:

Address:

Phone:

Account Information

Please give details of where you would like the policy's payout to be sent. This can only be paid to UK bank accounts. Please check the details to make sure they are correct.

Please note that requesting your account details does not imply that we are admitting liability for the claim.

Account in the name of: _____
Bank/Building Society name: _____
Sort code: _____
Account number: _____

Declarations

I declare that I am entitled to claim the pay-out of this policy as I am the policyholder:

- I confirm the information I have provided regarding this claim is correct to the best of my knowledge and belief.
- I understand that false statements or failure to provide relevant information may lead to my claim being refused.
- I understand only one claim can be made under this policy and that I will be responsible for dealing with any dispute.
- I consent to the Insurer, or its representatives, seeking information relating to cause of claim, including but not restricted to copies of medical information, or any similar medical professional who has attended to the Life Insured. I also consent to the Insurer requesting information from any other life insurance company where the Life Insured held or applied for life insurance policies.
- I consent to the insurer requesting medical information from my registered GP Practice, using a medical evidence gathering service, Medidata Exchange Limited trading as Medi2Data, working on behalf of iptiQ.

The information you provide will be used to manage the administration and assessment of your claim and to comply with our regulatory requirements, including for the prevention, detection and investigation of financial crime. We will not use the data for any other purpose.

Signed: _____ Date: _____

Print Name: _____

I hereby request the proceeds of the policy in accordance with my instructions above, in full and final discharge of all liability under the policy.

Permission to obtain medical evidence

Why do we ask for this form?

This form gives us access to more information about your health and medical history. We will use this information to assess the claim filed by you. To get this information, we ask doctors you have consulted to fill in a report asking about your health and medical history. We can only do this with your permission under the UK's Access to Medical Reports Act 1988. You can give us permission by completing and signing this form.

The Access to Medical Reports Act 1988 gives you the following rights:

- You do not have to give us your permission. But we may not be able to go ahead with processing your claim if you do not.
- You are entitled to see the report before the doctor sends it to us*. Please tell us if you would like to see it. We will then ask the doctor to keep the report for 21 days before sending it to us, so you have time to arrange to see it.
- If you think any part of the report is incorrect or is misleading, you can ask your doctor to change it. If they refuse to, you can ask them to attach a statement outlining your views. This will then accompany the report.
- You can still see a copy of the report after the doctor has sent it to us*. If you do not want to see the report now, but later on decide that you do want to see it, that's fine. If it's within six months of it being sent to us, please ask your doctor who will have a copy on file. Please contact us if it's more than six months since the report was sent. We will then send a copy of the report to your doctor so that you can arrange to see it.

*Your doctor may not allow you to see the report if they think seeing it would cause you or anyone else physical or mental harm.

Predictive genetic tests:

The Association of British Insurers has agreed a long-standing but recently reviewed Code on Genetic Testing and Insurance. The code currently ensures that the results of predictive genetic tests will not affect your ability to take out any type of insurance other than life insurance worth over £500,000. Above this amount, insurers (including iptiQ) will not use adverse predictive genetic test results unless the test has been specifically approved by the Government. The only test that is currently approved is for Huntington's disease.

If you have had any genetic tests to tell you whether or not you have inherited a disease or condition that your family suffers from, iptiQ will ask your doctor NOT to tell us about them unless:

- The results were favourable (i.e. demonstrate that you have a normal or reduced risk of disease), or
- You have had a positive test for Huntington's disease AND you are applying for life insurance (includes term assurance, critical illness cover with term assurance and family income benefit) of more than £500,000.

Would you like to see the report before it is sent to iptiQ?

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No, I do not want to see the report before it is sent to iptiQ

Yes, I want my doctor to hold the report for 21 days before sending it to iptiQ so I can arrange to see it

I give you my permission to:

- gather medical reports for six months from the date that this declaration is signed and dated
- ask any doctor I have consulted about my physical or mental health to provide you with medical information to help you assess my claim
- send copies of any medical information you obtain to my GP
- gather relevant information from other insurers about any other (e.g. declined) applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for
- request medical information from my registered GP Practice, using a medical evidence gathering service, Medidata Exchange Limited trading as Medi2Data, working on behalf of iptiQ.

By signing this declaration, I authorise those asked to provide medical information and I give my permission to iptiQ to process my current, or any future claims, using the information they receive from them.

I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act.

Your full name	Your date of birth
Your signature	Date
Name of GP	Policy number:
GP's address	GP's phone number